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USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 17-00200
DEFENDANT HEATHER KLINE f/k/a HEATHER L. ECK	TYPE OF PROCESS HANDBILL

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

HEATHER KLINE f/k/a HEATHER L. ECK

ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)

173 E. Main Street Rebersburg, PA 16872

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 285Number of parties to be
served in this caseCheck for service
on U.S.A.

KML Law Group, P.C.

701 Market

Suite 5000

Philadelphia, PA 19106

REBERSBURG, PA

NOV 15 2017

AAA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises by 12/3/2017.

Signature of Attorney other Originator requesting service behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

215-627-1322

DATE

11/12/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only if different than shown above)

Date

11/13/17

Time

3:05

☐ am☒ pm

Signature of U.S. Marshal or Deputy

ADA #507

Service Fee

130.00

Total Mileage Charges
including endorsements)

49.22

Forwarding Fee

Total Charges

179.22

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

46 miles 1 way
1 rush 2 hrs.**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80